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ABSTRACT

This paper summarizes the views expressed by various conference participants concerning current screening, diagnostics, and assessment procedures at the preschool, infant school, and junior school levels. The variety of practices employed by different educational psychologists, advisors, and teachers at different levels are discussed. References are also made to the results of current screening procedures and the improper use of social disadvantage indices. Specific attempts undertaken to design suitable screening procedures for the early identification of children in need of compensatory education and to overcome the labeling problem in assessing minority children are described. In addition, the paper presents highlights from a conference discussion concerning school based inservice training and from group reports dealing with different aspects of needs assessment. Lists of references and conference participants are provided. (EB)

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IDENTIFICATION OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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OPENING REMARKS

Mr E C Raybould, Senior Educational Psychologist, Walsall

Mr Raybould, Senior Educational Psychologist, Walsall, opened by calling for participants to be prepared to reveal some of the cracks in their provisions, and for honesty in the conference. He suggested that the conference should concentrate on the children who had to be catered for in the mainstream of education, which could amount to 40-48% of the intake into junior schools. As research into remedial intervention and longitudinal studies of children who had early learning difficulties indicate, early recognition of the child in need of help was indisputable; what was debatable was the form that identification should take.

In the main authorities screen at 7-8 years, using IQ or attainment tests, and these are generally one-off operations; objectives are vague, and there is little distinction between surveys and screening. He defined surveys as describing populations of children for administrative purposes and not necessarily implying action, whereas screening is a way of selecting a pre-specified subgroup for special help, and is for the school and thus the child.

A systematic, formal procedure is necessary as informal procedures place too great a strain on the perceptivity of the teacher, on relationships with the services and do not prevent children falling through the net and emerging at a stage when little can be done to help. Screening should therefore be done as often as possible; early identification is only a part of continuous monitoring. In view of the bleak prospect for those who are failing in the early years at school, Mr Raybould felt that screening at 7 or 8 could not be justified. At the early stages reading can not be used as a measure, so there is a need for a list of predictive signs. Medical, environmental and cognitive signs are highly probablistic however and do not permit accurate one to one predictions. Multiple test batteries and regression procedures show better results but assume the problems to be solely within the child, whereas learning problems are the result of an interaction process between the child's assets and the resources in his environment. Continual monitoring has implications for sequential curricular objectives in basic core skill areas and for record keeping.

REVIEW OF CURRENT PRACTICES

Mr Purushothaman, Research Officer C.E.D.

Mr J Yates, Principal Educational Psychologist, Wigan.

Mr Purushothaman, Research Officer, CED, presented a preliminary report on a small scale enquiry that CED had done into screening procedures and remedial action and drew special attention to some of the main points arising from the findings. He began with a brief reference to the operational definition of the educationally disadvantaged that schools are most familiar with, ie the educational failures and the children 'at risk' are the disadvantaged and also to the most common procedures such as surveys, screening and diagnosis that LEAs adopt in the identification of children with special educational needs.

Attention was then focused on the CED enquiry into screening procedures and remedial action. It began in May 1976 with a proposal to visit 20 LEAs which were reputed to have regular screening and effective remedial action. By January 1977, visits were made to 14 LEAs and information on current practices was collected through interviews with educational psychologists, advisers and teachers. Documents on screening and remedial action were also received from 14 LEAs.

The most striking point discernible from the data was that even such a small sample of LEAs showed a variety of practices in the choice of tests, the cut-off score for the identification of children 'at risk' and the year-groups of children to whom the tests were given. Some of the other interesting points which emerged were as follows :-

1. There is growing acceptance of the view that identification of 'at risk' children should be done at an 'early' stage in the infant school.

2. A few LEAs have plans to develop local checklists for screening 5+ children.

3. At 7+ Reading Tests are most widely used for the identification of children 'at risk'.

4. One LEA has plans to alter their second stage screening (diagnosis) procedure. Teachers will be offered a 'learning pack' that they can use to help children with their learning. Seminars are planned to help teachers use the learning pack (mostly tests) effectively.

5. Only one LEA has followed up children in an attempt to assess the effectiveness of its remedial programme. The result has been very encouraging.

6. A number of LEAs are planning surveys of attainment to monitor standards.

7. One LEA has plans to assess numeracy and attainment in other subject areas such as history, geography and science.

Mr Purushothaman then went on to raise some of the crucial issues concerned with screening procedures and remedial action. First, the use of the 'at risk' concept in the early stages of education has neither gained the acceptance of teachers who fear over hasty labelling nor the approval of researchers who question its validity. Therefore, 'early' screening has to be done with the utmost reservation , bearing in mind that school and developmental changes make great impact on children in the infant stage of education. Second, the proliferation of checklists and tests used for screening procedures are likely to lead the identification of the disadvantaged who differ in characteristics from one LEA to another. We need to establish some degree of consensus in the rationale of checklists and comparability between tests. Third, there is great uncertainty about the best time for screening. Some LEAs start screening when children are 5 years old whereas a great many others do not screen until they are nearly or over 7 years. How 'early' is early enough? When is 'late' toolate? Fourth, remedial action subsequent to screening is often not evaluated regularly so as to assess its effectiveness. Although vigorous evaluative exercises may be difficult and quite out of place, simple monitoring of levels of attainment will be most valuable. Finally, there is practically no systematic attempt to take note of or include disadvantage indicators in making decisions about the 'at risk' characteristics of children. Currently, such decisions are based on psychological and educational measures. To those who are concerned with the broader concept of educational disadvantage, the incorporation of such indices at some stage of screening would be a reassuring thought.

Mr Yates, Principal Educational Psychologist, Wigan and Secretary of the North West Association of Principal Educational Psychologists in outlining the present methods and aims of screening throughout the North West, which in general tried to select those who need remedial help, noted that at the secondary stage there is little use of survey or screening procedures. There is interest in pre-school development and some co-ordination with the school health services, and he referred to the Court Report's recommendations for the setting up of teams run by the area health authority with psychologists in them for pre-school assessment. In the Wirral, pre-school health assessments cover sensory motor skills, auditory memory and things that might relate to the child's failure to integrate. He said there was confusion between survey and screening, but the aims set out in the appendices indicate there is a move away from normative testing and monitoring of standards for the purpose of identifying agencies' needs, to a focus on the needs of the child. There is also interest in screening for sensory motor skills, language development, in the incorporation of social deprivation indices and especially in the concept of faulty learning styles as set out in Stott's Guide which is particularly relevant for early learning, and could give teachers certain skills in behaviour modification. The styles of screening at the infant level are problematical; one could use a checklist of pre-selected skills, or a yes/no answer type list in conjunction with the former. One of

the key issues is to find a compromise between wasting time on record keeping and enabling the class teacher to identify what is wrong with a particular child.

PRACTICES IN THE PRE-SCHOOL STAGE

1.

Sheila Wolfendale, Educational Psychologist, Croydon

Ms Sheila Wolfenden, gave an overview of national pre-school screening and the rationale behind it, and then outlined the local context and Croydon's plans. She referred to the Bullock report which urged the early identification of children's failure and liaison between school, medical and social services, and outlined the psychological, developmental, social and environmental reasons that made early screening imperative. Compensatory education is too often unsustained and belated to combat cumulative deprivation.

She referred to the importance of early assessment and language development programmes revealed by research in the USA and to research into parent-child inter-action. Though there is a mismatch between research and practice, there is an increasing awareness of the necessity for the systematic use of pre-school assessment by screening (there are various tests such as those from the NCB, NFER and the Thomas Coram Institute already available), for greater involvement of health visitors and for co-ordinating pre-school provision in local authorities. The DES DHSS white paper urges LEAs and AHAs to introduce greater liaison.

The team in Croydon, which includes Ms Wolfendale and a health visitor trainer, is devising a comprehensive pre-school screening procedure for all children. The procedure will administer developmental scales, influenced by the NCB developmental guides for the 0-5 year old. The scales cover six main areas of development, including one which aims to chart signs of developing learning competence. The ages of screening will be 8-9 months; 18 months; 2½ yrs; 3½ yrs, and perhaps 4½ yrs. The health visitor training in Croydon is developmentally oriented hence the ethos of the procedure poses no problems or conflicts. They will administer the scales and a great deal of involvement is demanded from them. A comprehensive manual will give the health visitors additional help and information. Waltham Forest has a system of educational home visitors, but in Croydon it was decided to utilise the resources already there, ie the health visitors, though that involved some retraining. There is a streamlined means of referral through the health visitors to other agencies, so that the information gained from the administration of the pre-school scales can be translated directly into action. Ms Wolfendale emphasised that screening can be no more than a vehicle for inter-disciplinary co-operation and, by externalising good practice, can provide in-service training and reinforcement of the health visitors' skills. The major question to be asked was whether we had a technology of intervention. A pre-pilot study is being planned.

Mrs Bragg, Senior Educational Psychologist, Cheshire, said she would be talking on the theme of the predictive value of pre-school screening.

Screening procedures in Cheshire are mainly based with the area health authorities, using the health visitor as extensively as possible as in Croydon. Screening takes place at 6 weeks, 6 months, 2½ years and 4 years and the information passed into schools. Early assessment is to identify disability and ability, and assess the environment in which the child finds himself. Diagnosis must be concerned with the strength of the whole child within his environment. Special education covers a wide range of children. The common factor is the tailoring of educational provision to the needs of the individual child, so special education can thus be found in normal classes as well as special schools and hospitals - wherever is the best situation for the child, but the greater the handicap the greater the intervention required. However it is felt that the majority of children should be placed in ordinary schools and children have a right to be educated in the community of their peers. A range of educational provision therefore becomes necessary and comprehensive facilities for early and accurate assessment of needs.

In Cheshire developmental assessment is done by the health visitor and assessment for perceptual and linguistic handicaps by peripatetic remedial teachers in the home. Long term assessment is done at Hebden Green and Rosebank residential units.

The emotionally disturbed and environmentally disadvantaged are catered for in a new unit in Chester offering 5 day-nursery places, and there is a new unit for the 2+ aged child offering 15 places. She suggested that there must be units for the emotionally disturbed attached to normal schools.

Eight peripatetic teachers of the deaf, four of whom are concerned with the pre-school age children, assess perceptual handicaps and work in association with audiology clinics, the Department of Audiology in Manchester, health visitors and community physicians. The parents, health visitor team and teacher are all involved. If necessary the children are placed in normal schools; there is a new unit for the partially hearing, but the majority of the children leave the county for residential treatment.

Hebden Green residential unit provides the possibility of family stay. Children are referred to teachers and physiotherapists. The expertise at the unit is available to the community because staff move out into and work in school and nurseries designated as being able to cater for the physically handicapped child. From the unit the children move on to a wide variety of special education, and a good proportion into normal schools with support. At two other schools there is residential and day school provision for pre-school age children. Rosebank is the other assessment centre, though

another is planned for the south of the county. This provides residential assessment for 30 in the 2-6 age range. Referrals are made by teachers but mainly by social workers. A specific programme is followed for the ongoing assessment of strengths and weaknesses in which children with behavioural and language difficulties and multiple handicaps are catered for.

Mrs Bragg concluded by saying that special schools must be seen as reservoirs of expertise, and the link with the community and the involvement of the staff are very important. In schools teacher resistance to record keeping and assessment is overcome by involving the teachers especially at the transfer stage. Mrs Bragg stated that written reports to be passed on to the child's next school or teacher are a waste of time, and that discussion of a child's needs and abilities is most effective.

A US First Grade screening test had been administered on several occasions and in different ways by selected staff with rising fives and children of 5+. The children are now in middle school and evaluation is awaited as it may give indications which children would benefit from intervention.

Mrs Bragg emphasised the importance of co-ordination and the free flow of information and made the following three requirements :

Assessment must move into the educational system and include teachers

Special schools must become nuclear advisory centres

The remedial service must respond to needs.

With regard to i) teachers must assess continuously and must therefore be linked with parents and community in order to carry on the process from pre-school. She stressed that assessment is only of value if it is positive and prescriptive - it has become adversely associated with selection and attainment.

PRACTICES IN THE INFANT SCHOOL

1.

Mr D J Moss, Area Educational Psychologist, Trafford

Trafford is a diverse borough with 25 SPA schools. The authority aimed to avoid later drastic intervention, to establish an educative process for all, and a systematic programme that would help the individual. The ideal would be continuous assessment by teachers. The Croydon checklist is a method of observing and recording development, not a test of attainment; a developmental profile of the child's needs which means the teacher can then devise an appropriate learning programme. The Trafford screening procedure is thus prescriptive for remediation. The checklist that Trafford has developed is used from 5+, concentrating on the reception classes. The working party which developed the checklist comprised 5 head teachers, 2 advisers, 2 remedial teachers, 2 educational psychologists. After the child has been one term in school, the checklist is distributed to teachers. The results are retained by the schools, except in the cases of the children who record an 'at risk' score. The names of the 'at risk' children are sent to the educational psychologist, who then visits the teacher. All contact with reception class teachers concerning the screening is through the psychologist. The emphasis of the procedure is on teacher involvement, and on helping the teacher deal with his/her difficulties in providing for a specific child's needs. Discussion with the teacher revealed awareness that some children may in fact develop later; concern over the time spent on the checklist is offset by the contact with the teacher. Concern over labelling or comparisons between schools is allayed by the retention of the checklists by the schools.

Initial analysis of data from screening shows that 65% of the children do not score at all. 5% score 8 or more, which indicates 'at risk', correlates with a preselection by the heads, and is thus a useful cut-off point though some difficulties are not revealed at this point.

For the future, Trafford hope to produce pamphlets to cover each area of need and give further help to the teacher. A new checklist for use with first year juniors has been devised by the working party and will be carried out in the Summer term of 1978. Mr D J Moss cautioned the need for continual revision lest screening devices should become an act of faith.

2.

Mr E J Griffith, Staff Inspector, Birmingham.

The Special Educational Treatment programme in Birmingham was introduced in the 18 areas or consortia in 1974 to continue to 1978. It was decided as part of authority policy in 1971 to screen for the education of children with special educational needs. The identification procedure, designed for children in infant schools, is part of a slow phased programme of provisions to help the child overcome his/her difficulties.

1½% of the child population in the area is in special schools, but an excess of 15% need some special provision - the major problem therefore is to provide special education in ordinary schools. The SET consists of a criterion referenced screening device made by a Birmingham teacher as part of a broadening concept of special education. The SET also includes mandatory in-service training of 10 sessions for all school staff (530 teachers have so far attended courses) and a follow-up team of 2 members of the remedial service plus 3 other staff, and an Assistant Inspector who co-ordinates. The screening 'test' is an 8 item pencil and paper device which takes 15 to 20 minutes for a teacher to administer with a group of 8-10 children and is thus easy to handle and control. It is given to the 6½ year olds. The device has provision for recording perceptual motor skills, body awareness, auditory perception, visual perception, language development, numeracy and reading skills. A questionnaire on the child's physical and social development is also given to the teacher as a second line of defence, and the teacher is consulted as to the appropriate scoring level. A score of 5-8 means the child is deemed to have special needs, and 25-30% are consistently thrown up by the device, though there is of course great variation between schools and between consortia. Feedback from teachers indicates that schools find the whole procedure very valuable and the wish has been expressed that should anything be affected by financial restriction in the authority, it should not be the SET.

JUNIOR SCHOOLS

1.

Mr R Bushell, Advisory Officer, Staffordshire.

Mr Bushell, Advisory Officer, Staffordshire, outlined the pattern of development of the remedial advisory service in Stafford since 1957 when it was first introduced. He saw the aim of the service as being to better equip teachers to cope with the child in need, and screening was a means of getting into the schools and thus reaching the child. Results of tests at 11 showed that the child in the 'grey area' had often been ignored by the head teacher when asking for help and advice, so a checklist outlining the developmental stages was introduced at 5, at 7 and at 11, which uses teacher observation and at the same time trains a teacher to look for the reasons for failure and difficulty. Previous remedial work had been done from the level of failure, but the teacher had not looked below this level for the reasons. One of the solutions to the problem of helping the child at risk was through teacher diagnosis and prescription, and this was also a form of on-going in-service training for teachers. There was now a pattern of referral all the way through school by the means simply of teacher observation. Referrals were followed up by visits from the remedial advisory service. This systematic and continual identification procedure meant that there was help available as allocation of resources could be justified and the school in need could be protected in times of economic restraint. In addition, teacher reorganisation in the authority has meant greater discussion across the age ranges about records, tests, problems etc which also performs a kind of training in awareness. On a more formal level, two release courses of ten sessions per term are organised. In 1964, 16% of the child population had reading ages of below 9 at age 11. Within the last three years this percentage had dropped to between 7 and 8 % because the children were being identified earlier and given help. Mr Bushell concluded with a definition of remedial education provided by a working party: "Remedial education is concerned with the prevention, diagnosis and treatment of learning difficulties which impede the normal development of the student, no matter from what source they emanate".

2.

Mr P Monaghan,Principal Educational Psychologist, Calderdale

Mr. Monaghan described personal experience of screening since 1969 in the West Riding area and a County Borough area (subsequently amalgamated as Calderdale) Despite considerable efforts and no lack of goodwill effective help was nonetheless eluding the child and his teacher, in terms of meeting a here and now need with here and now help. The inhibiting factors were identified and included teachers' dissatisfaction with yearly screening programmes, especially their feelings of "imposition of structures from without", and frustrations that time and resources were spent on surveys which were not followed up by help for the teacher; inadequate back-up resources; and poor local co-ordination of 'remedial' resources. These inhibitors were seen as reflecting conceptual confusions with regard to such terms as 'remedial', 'at risk', 'compensatory education' etc. The concept of remedial education was abandoned as unhelpful and ideas relating to the consumer were derived from other (American especially) experiences of rationalisation of service to communities. Instead the concept of "promotion of learning skills" was accepted and translated into a service delivery system for teachers at classroom level.

Certain requirements had to be met. Practice had to be taken into account regardless of theory. Teacher skills and knowledge - hitherto less than well acknowledged and therefore sadly under-used had to be fully utilised. The proposed assessment techniques had to be systematised to sharpen the teacher's awareness of the cues the child is giving of his needs. These needs were to be seen in criteria-reference rather than normative terms - i.e. development of children's competences was to be overall aim. The service delivery system would thus help the teacher identify the child's needs in ways which allowed her to do something positive and professional about it; and would provide the necessary technology to do this including in-built evaluation and monitoring strategies.

What we came up with was the Learning Assessment Pack (LAP) - 4 packages of assessment techniques, sampling physical state, language and communication skills (including reading, writing and drawing ability), numeracy skills and learning styles and behaviour. Each pack is accompanied by a number of developmental/ organisational guides (DOGs) These are short and easy to read and have the intended purpose of channelling teacher skills in programmes designed to meet needs assessed. The LAP DOG advises appropriate contact points with ancillary services but implies teacher control of such referrals.

The material of the LAP and their accompanying guides (the DOGs) is made available to teachers through a six session X 2 hours workshop.

SOCIAL DISADVANTAGE INDICES

Dr G W Herbert, Chief Psychologist, Birmingham.

Social Disadvantage Indices aim to indicate the degree of social impediments to a child's development; they do not necessarily sample the causes of disadvantage, but rather the signs of it. These factors include low social class, large family size, low income, poor housing, poor clothing, poor record of attendance at school, low status of father's occupation, little parental contact with school. Research shows that such factors have quite strong correlations with family problems, delinquency and educational failure.

Dr Herbert emphasised that disadvantage indices are not for the identification of individual children or families for treatment in a routine bureaucratic way. The indices are not a predictive screening instrument, but could be used by the authority to allocate resources, could provide evidence of social stress, and could yield important background data in any action research project (a project on school attendance was a recent example in Birmingham). Also social disadvantage indices could sensitize teachers to vulnerable families so contact with them could be made early in a befriending way, before a problem developed. Families with severe social disadvantages are often those requiring co-ordination of action by several agencies. The school and its support agencies can act as a focus for such action through regular co-ordination meetings to evolve a plan carried out by one key worker. The use of such indices posed three important questions:

a) how can labelling and self-fulfilling prophecies be avoided?

b) how can teachers be involved in social action? There are, for example 10,000 teachers in Birmingham and about 300 social workers, so teachers could be the biggest single force for contact with families.

c) can education correct social disadvantage? This is unlikely and the school's goals need to be realistic.

One interesting result is that the inner city is not composed homogeneously of a deprived population and it cannot be assumed all children there are born to fail.

In summing up, the Chairman, Mr McNicholas, Senior Lecturer in Education, Edge Hill College, said that there were three dangers in screening procedures of (a) losing the focus on the child in a concern for bringing together the educational psychologist and the teacher; (b) of making the teacher feel there are norms against which the child can be measured; (c) and of considering reading as the end of education.

SWANSEA EVALUATION PROFILES

Mr Tim Thomas, School Psychological Service, Dyfed.

One of the main aims of the Schools Council Project in Compensatory Education based at University College, Swansea, has been to design a suitable screening procedure for the early identification of children in need of compensatory education. An experimental version of the profiles for use with children at entry to infant school is currently being validated by Mr Tim Thomas of the Schools Psychological Services, Dyfed who described the work being done.

The profiles consist of assessment of the following four aspects of a child's development:

(i) The Home Background. Information is to be collected by the head teacher during the normal admission interview with Mother. Questions focus on the cultural and material provision of the home, the degree of paternal/maternal support given to the child and the relationship of the family with the school.

(ii) Medical condition. School Medical Officer and health visitor could complete this schedule during medical examination at school entry. Information is to be gathered on the developmental history and physio-medical status of each child.

(iii) Child Development. The main purpose is to provide measures of intellectual, linguistic and perceptual motor developments of the child. A battery of fourteen tests are to be given as part of the normal class activities. (Time required is 20 minutes).

(iv) School Adjustment. Class teachers are to assess the adjustment of the child to school shortly after entry, to comment on his/her interaction with other members of the class and to predict his/her educational status at the end of the infant school.

The report on the validation study is soon to be published and the NFER Publishing Company will soon publish the Profiles.

ETHNIC MINORITIES

Dr R Sumner, Principal Research Officer, NFER

Colin Roberts, Director, CED introduced the afternoon session by saying that a panoramic review of practice had been given, and the social deprivation theme introduced. One of CED's concerns was to contribute towards the assessment of and provision for (people from) ethnic minority groups. How could this be achieved without avoiding the dangers of labelling? He hoped that the session would add an extra dimension to CED thinking on the right assessment of and provision for West Indians in Britain.

Dr Sumner, Principal Research Officer, NFER,began his lecture with a brief review of research into the various aptitude, ability and attainment tests used in the USA and highlighted the problems of testing ethnic minority groups and the confusion at present between, for example, cultural, social-economic effects and ethnic effects. He also warned that when intelligence is talked of in a global way we may be missing something quite important in its details. In his review he referred to one of the studies where a high correlation was shown between a supposedly culture-free intelligence test scores and attainment scores of 8th and 9th grade pupils. The high correlation, was however, the result of lack of control of socio-economic status of the subjects in the study. The black pupils as a whole, formed the lowest level of the socio-economic stratum. Such lack of rigour exists in many of the studies on the assessment of intelligence across races.

The main purposes of testing are for accreditation, validation, education and research. In education, testing serves a variety of uses at school and LEA level: feedback on teaching, guidance, monitoring of standards, evaluation of provisions, assessment of ability and attainment at transitional stages and curriculum adaption. In all these the basic work has to be done by the users, otherwise there was a danger of wrong interpretations.

Assessment could be pictured as a four-dimensional model involving the interaction of communication mode (e.g. actions, words, numbers, symbols), mental process (e.g. recall, application, synthesis, cf. Bloom et al) and type of ability (e.g. verbal, spatial, assembly) upon content (i.e. knowledge organised as elements, sets, relations and systems).

Dr Sumner then went on to look at some intelligence tests commonly recommended as fair for use with children and adults from ethnic minority groups. He singled out Raven's Progressive Matrices for detailed examination. In his view it measured (as stated in the manual) the capacity for clear thinking and not 'g' the factor that intelligence tests are designed to measure. He suggested that the Learning Ability Tests NFER has developed could usefully replace the standard IQ tests.

Dr Sumner traced the development of Learning Ability Tests. They are intended for non-verbal administration where there is no common language. They involve a verbal learning of objects (for example a bodkin), analogies, number series, concept formation and verbal learning of syllables (symbols) with no particular meaning. What has been learned during the test session is assessed, then the principle extended, and the score is on the successful extension of learnt skills.

Another contribution from NFER has been the development of the English Proficiency Tests. They are designed to assess four major skill areas, speaking, listening, reading and writing - at various levels for example, a single word, a simple sentence, an extended passage. These tests could be used to give useful corroborative evidence for the teacher, except with regards to the listening skill, which reveals the lack of emphasis given this skill in school.

He concluded by stating his view that assessment and screening were of use in developing awareness of problems, and were only a part of general broadening and increasing of sensitivity. Certain assessment can come off the shop floor. Tests were too often merely correlated with the teacher's judgements. It is important that they should, however, offer something additional, justifying their use in any assessment procedure.

OPEN FORUM ON IN-SERVICE TRAINING

Roger Watkins, Deputy Director, CED, said that the trend of the conference indicated a move to greater partnership; there had to be a demystification of the role of the educational psychologist, but professional development of teachers was essential if the teacher was to work in partnership with the other professions. Participants could consider who should receive training, where, what style the training should take and what the content should be.

Mr Trevor Bryans, Educational Psychologist, Croydon, outlined the training system operating in Croydon, which emphasises communication, attitude change and skills. The requirements are the establishing in the schools of a person to a Scale 3 post with special responsibility for screening and language development; the establishment of a common starting point for discussion, ie a way in. This is achieved by across-the-board screening in schools, providing a focal point so that staff do not feel threatened by the unknown; the distribution of a questionnaire to teachers asking what they wanted; neutral ground on which to hold sessions and meetings; skill sessions, with up to 50 teachers split into groups of ten; and an emphasis on the positive approach to problems with rapid backup assistance. From a rate of failure at transfer to junior of 40%, this has dropped to 17% because of the increasing idea of teachers of their own competence.

Discussion followed on the value of school-based in-service training, which is relevant to the actual situation in school and therefore has more impact on the teacher involved, and is moreover cheaper for the LEA than financing a year's or a term's residential course, as opposed to the area-based in-service training outlined by Mr Bryans. There was a fear that externally imposed criteria would not be relevant to the needs of an individual school. The role of the head teacher was agreed to be crucial in both kinds of training, as the head could initiate and carry through in-service training in his school, and support any area-based training the staff took up.

REPORTS FROM GROUP LEADERS

1.

The group attempted to clarify what was to be identified, feeling that it was not the actual child, because in similar areas children perform at vastly different levels; therefore what can be identified through child assessment are effective teachers and effective schools. The identification of the child is only relevant in terms of discovering which teachers and which schools are more effective. There is therefore a case for overall screening procedures as a means of identifying effective environmental and interaction factors. Record keeping is the other means of giving help to teachers to identify problems, and therefore some further examination of input on this is necessary as it is useful in maintaining continuity and thus picking up the gaps that occur in a child's schooling.

The group also considered resources, whether more are needed or simply a more imaginative use of what is already there. A group of people with expertise in areas of need outside the school and outside the local authority jurisdiction could be on call for when their particular services were needed by the teacher.

2.

The group agreed that there should be a multi-faceted approach to identification of children with special educational needs, and the main effort should be to identify 'at risk' children in an 'at risk' situation. The role of the educational psychologist and of the teacher with regard to record-keeping etc needed examining as any in-service training was informal, and therefore not necessarily taking place; increased case loads and teacher perceptions of the educational psychologist role meant there was little chance for flexibility. When considering remediation, it was agreed that extensive across the board policy of in-service training was necessary.

3.

The third group, in considering when, how to screen and what the follow up should be, expressed concern over the slow-developer and the enormous variations in growth at the pre-school stage. They were also wary of screening that was not followed by remediation or other back up, but felt that the child should be helped within the educational framework, which had implications for allocation of resources, attitude of parents and teachers, and the question of who was to co-ordinate screening and remediation to ensure its effectiveness and thus maintain the relationship between child, parent and teacher. It was felt there would have to be a change in the teaching philosophy to incorporate the diagnostic elements of assessment and appropriate programmes for the individual child. It was also felt that the involvement of education as early as possible in the care of the child would improve liaison and ensure early identification, and this would mean a change in the roles of schools, which could become places where parents could express concern over their pre-schooler and go for help and advice. It was felt too that the emphasis should not simply be on identification of failure, but on positive aspects and on follow up action, and that by giving a teacher data on a child is a means of increasing sensitivity to danger warnings.

4.

The group had no doubt about the benefit of screening for educationally 'at risk' children, but felt it was irrelevant if the resources were not available to follow up identification. It might be more useful to establish provision for intervention before screening procedures.

The main problems were seen to be role definition and co-ordination of services and it was suggested that there should be the establishment of administrative posts with special responsibility for liaison; there was also merit in the adoption of a scheme as part of LEA policy, as in Birmingham, which would have enormous power if initiated by teachers.

Also recommended were intradepartmental workshops and in-service training for all professions involved in early education - psychologists, advisers, support services - not just teachers. More emphasis on diagnosis, skills of literacy and numeracy in initial teacher training, would reduce the need for later INSET. Parents should always be fully involved in any assessment at the pre-school stage, and no information is sacrosanct to the parent. The educational psychologist's role was seen to be adviser, from the springboard of the individual child.

5.

The group reiterated the point that it was useless to identify the problem without proceding to act upon it; identification must lead to intervention. The view was also expressed that checklists were not necessary for identification; the main issue was to help teachers and provide them with appropriate remedial skills in initial or in-service training. The children 'identify themselves'. There was also concern over the proliferation of procedures and efforts should be made to validate the instruments and their intervention programmes; on the other hand each individual procedure was valuable and effective within its authority because of the involvement of the designers and users.

SOME ISSUES FOR DISCUSSION PREPARED BY M PURUSHOTHAMAN

1. Pre-school stage

'A high level of stimulation or relevant experience before the age of five is crucial in the cognitive affective and social development of children'.

'Children who did not have the relevant early experience come to school at a disadvantage educationally and they are likely to remain so on a cumulative scale for the rest of their school life.'

'Children's needs differ substantially in degree or kind either because of personal attributes or social, material and cultural conditions'.

These three views have gained a great deal of acceptance in recent years and therefore the following issues are perhaps worth discussing :-

(i) How 'early' should systematic identification begin?

(ii) Are there ethical questions to be considered in connection with 'early' identification?

(iii) Is gathering and recording information by the use of checklists/guides the most appropriate method of charting the developmental progress of the under-fives?

(iv) Considering the various agencies responsible for the welfare of the under-fives, how do we co-ordinate activities to ensure the best use of scarce resources?

(v) Have we got sufficient knowledge about and resources for the adequate provision of facilities conducive to the cognitive development of the under-fives?

There is no dearth of checklists and tests for use with pre-school children. Evans and Ferguson (1974) have briefly reviewed over 30 pre-school assessment and screening techniques; Bate,M et al.(1975) have reviewed 53 pre-school tests, a majority of which could be used by experienced teachers; more recently Evans and Sparrow (1976) have given details of three developmental guides or charts that 'para-professionals' could use. NFER is engaged in producing materials for the assessment of nursery children.

In view of what appears to be proliferation of assessment materials, is there a need for an appraisal of existing checklists, guides and tests focusing attention on their rationale, validity and comparability?

2. Infant Stage

There is no consensus of opinion, either on the best time for assessment of 'needs' or on the type of checklist/ tests to be used. The following questions seem to be relevant :

(i) Should there be universal screening/assessment at 5+?

(ii) What should be the role of the teacher in any screening/assessment procedure? How can we make teachers aware of the 'needs' of children without the danger associated with classification and labelling?

(iii) Do the checklists in use at 5+ throw up too many false positives?

(iv) Will the use of a checklist and a follow-up by criterion referenced tests minimize false positives? (Marshall 1976).

(v) Is it too late if assessment is put back to the second year of the Infant stage?

3. Junior/Middle and Secondary Stages

At 7+ and 11+ the most common practice seems to be the classification of children as 'failures' in relation to a criterial level of performance on reading and/or intelligence tests. The choice of tests and the 'cut-off' scores are subjective, resulting in lack of comparability among 'failures' across Authorities. In the Secondary stage the treatment of disturbed and disturbing children is also presenting serious problems.

The following questions seem to be relevant to this state of affairs :

(i) Shouldn't there be comparability between the tests used?

(ii) Is it unrealistic to expect that cut-off scores should be validated against external criteria which have some degree of consensus?

Screening procedures are invariably linked with remedial action/intervention. How important is it to ascertain the effectiveness of action on a systematic basis?

Reynolds, et al (1976) presents evidence that school plays a crucial role in the level of scholastic attainment and adjustment of pupils. How important is the contribution of the school?

4. Aston Index - by Dr Margaret Newton

Dr Newton's (1976) work on Dyslexia is receiving increasing attention following the publication of the Aston Index. Sixteen tests make up the Index which is organised in two groups - Level 1 and Level 11.

Level 1 has been designed as a screening test for use when the child has been at school for about six months. It is concerned with diagnosing, at an early stage, potential language problems that the child might have.

Level 11 has been prepared for use with any child over the age of 7 who does not seem to be as successful at reading, spelling and writing as one might expect.

It is claimed that the Index can be used to indicate the particular learning pattern of the child and to identify specific types of learning problems eg: specific written language difficulties (Dyslexia); cultural handicap; neurological damage; language disorder; delay in cognitive development. The discrepancy between attainment and 'intelligence' is the key factor in the interpretation of individual profiles. Does the 'discrepancy' approach fit in with current thinking on intelligence?

5. Child's Guide to Learning Skills

Stott (1975) brings a radically different approach to the concept of specific learning disabilities. He dismisses the 'deficit hypothesis' general or specific, which attributes learning difficulties to a low level of ability and argues for a behavioural approach which seeks to rectify the poor use or non-use of neural equipment and aims to stimulate good use through an adequate training programme. He offers his 'Guide to Child's Learning Skills' as a device for the identification of faulty learning styles. The Guide itself is in two parts. The Preliminary form has 7 items. The teacher has to judge which of the three alternatives given against each item applies to the child.

Example :

	Certainly Applies	Applies Sometimes	Doesn't Apply
Is willing to try on his own.	1	2	3

The main Guide has 14 items. If any of the items apply to a child the teacher has to put a mark against one of the three statements which follow each item. Here is an example :

Item 2. Dull or bright as it pleases him to be.

Somewhat	:	Is very slow when expected to give an answer, but can be sensible in everyday life.	O
Definite	:	The more individual help you give him, the more stupid he becomes, but he is by no means stupid in real life.	O
Severe	:	Adopts an attitude of extreme helplessness and dependence, but close observation shows that he arranges things to his liking.	O

How useful is the Stott approach in helping children from socially deprived and culturally different backgrounds?

6. Social Disadvantage Indices

The close relationship between poor socio-economic conditions and low educational attainment has been demonstrated in a fairly large number of investigations. Disadvantage indices for use with areas (EPA), Schools (eg ILEA) and families and children (Wedge and Prosser 1973)., Watson and Herbert (1975) are available, but they have not been fully utilized because one or more of the following factors seem to stand in the way :

(i) hostility towards 'personal deprivation index'

(ii) lack of commitment to action based on collective deprivation index.

(iii) administrative difficulties and lack of resources.

Is it desirable and/or feasible to incorporate disadvantage indices in assessment procedures?

7. Children from ethnic minority groups

The assessment of intelligence of children from ethnic minority groups has been one of the major concerns in recent years. It is generally accepted that there are no 'culture-fair' or 'culture-free' tests.

The NFER tests of learning ability (Hegarty, 1976) are therefore of considerable interest and importance. The following question has immediate relevance :

> Are the learning ability tests reliable and valid alternatives to traditional intelligence tests?

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